TITLE	XIX	REPORT OF	EXPENDITURES	5
		(BY CATEGORY OF	SERVICE)	

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

(FISCAL YTD TOTALS AS OF 01/31/08)

15,207

103.594

1,593,036

165.237

95,588

18.386

67,477

3,861

17,328

16.548

2,507,927

60.403

106.338

32,907

869.727

84.216

241,538

188,209

188,738

84,641

95.726

31.716

5,671

13,890

35.118

13,796

120.523

3.261

535

- 0

10

16

2.012.544

7,233

n

n

n

273

46

0

450,644

1.723.845

2,295,361

153,086

166,895

336,100

63,441

17,450

п

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1.948.620

1.612.104

2,261,856

12,476

60.907

106.193

32,907

84.216

869,683

335,340

190,949

89,719

119.708

41.862

169,764

344.569

41.401

385,753

94.290

26,451

4,492,701

541

- 0

3.5

186

11,780,961

2,012,523

8,137

0

PAGE

RUN DATE 01/27/08

TOTAL.

PAYMENT

\$178,105,942.87

\$107.077.254.78

\$14,271,155.99

\$255.952.752.49

\$153,728,033,30

\$2,271,594.58

\$62,738,414.87

\$108,808,966.81

\$19.551.544.22

\$15,525,538.05

\$22.840.257.79

\$3,320,587.03

\$2,004,233.21

\$9,129,685,53

\$125,197,280.96

\$4,566,332.35

\$8,541,325,37

\$5,129,051.89

\$1,739,366.00

\$4,039,851,69

\$25,138,053.36

\$9,598,987.02

\$27,314,685,18

\$4,917,794.31

\$2.995.488.88

\$1,260,000.42

\$2,070,883.59

\$9,465,096.56

\$1,278,516.86

\$2,988,401.20

\$2,033,104.67

\$271,159.00

\$165,336,149.18

\$17,641.76

\$1,416.37

\$6,946.98

\$0.00

\$59,802,888.73

\$270,748.96

\$17,484.63

\$0.00

\$0.00

\$0.00

\$0.00 \$2,840,851.16

\$31.37-

\$0.00

\$0.00

\$n.nn

\$63.14

1

CATEGORY OF SERVICE RECIPIENTS NUMBER OF UNITS OF SERVED CLAIMS SERVICE TNPATTENT 33,967 265,386 45,244

OUTPATIENT 176,738 555,361 4.910.590 CHILD PART HOSP ο. Π Π 1 0 - 0

CHILD DAY TREATMENT 2,803 5,086 64,436 92.005 2,653,975

46

44

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26.177

61,372

47,936

2,657

8,482

2,651

11,325

2.911

1,165

4

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n

n

244,765

24,788

67,490

166,979

6,398

6.150

47,293

44,041

107.764

57,857

21.746

14.345

1,068

8.561

2,371

10,335

529

52

748

50

0

8

13

386,948

ADULT PART HOSP 16,523

ADULT DAY TREATMENT 2,241

SKILLED NURSING FACILITY INTERMEDIATE CARE FACILITY INTER CARE MENTAL RETARDA

NURSING FAC FOR MENTAL ILL

IAMM2200-R003 (MR-0-12)

AS OF 01/31/08

HOME HEALTH

LEAD INSPECTION AGENCY PHYSICIAN

267,249

CLINIC SERVICES MEP CASE MANAGEMENT LAB AND RADIOLOGICAL HABILITATION SERVICES

REMEDIAL SERVICES REHAB SUPPORT SERVICES AMBULANCE SERVICES LOCAL EDUCATION AGENCY EARLY ACCESS SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

IOWA PLAN PROGRAM

EPSDT SCREENING

PATTENT MANAGEMENT

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

IAM	M22	00-R	003	(MR-O-12)
AS	OF	01/3:	1/08	

ILL & HANDICAPPED WAIVER SVCS

* ALL CATEGORIES *

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

742,329

78,289

43,939,099

. 0

13-

PAGE

RUN DATE 01/27/08

TOTAL PAYMENT \$37,138,090.42

\$11,539,191.38

\$19,310,395.37

\$1,489,855,571,55

\$297,605.99-

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(FISCAL VTD TOTALS AS OF 01/31/08)

22,420

73,537

9,777,460

*** END OF REPORT ***

2

0

	(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE		
ELDERLY WAIVER SERVICES	10,851	182,463	2,893,387		

2,572

11,507

242

454,791

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